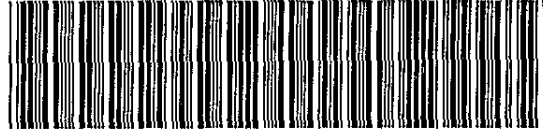


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ALLIANCE STATE  
FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

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**RONALD S. TULIN**  
**ATTORNEY AND COUNSELOR AT LAW**  
1303 NORTH WHEELER AVENUE  
PLANT CITY, FLORIDA 33563  
PHONE: (813) 707-1488  
FAX: (813) 707-0859

TULINS@MSN.COM

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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January 16, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

In Re: Articles of Organization for S & R II, LLC

Dear Sirs:

Enclosed please find the following for filing:

1. Articles of Organization;
2. Check for \$125 filing fee.

Thank you for your cooperation.

Sincerely Yours,

*Ron Tulin*  
Ronald S. Tulin

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is: S & R II, LLC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

516 Charles Place, Brandon, FL. 33511

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Slyvia Muga

Name

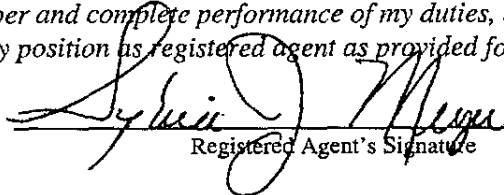
516 Charles Place

Florida street address (P.O. Box **NOT** acceptable)

Brandon, FL. 33511 FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Slyvia Muga

Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)